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		stitute for Form	PTO-875			1/0	1509	765
CLAIMS AS FILED - PART I (Cotumn 1) (Co			(Column 2)	SMALL ENTITY		OR.	OTHER THAN SMALL ENTITY	
FOR BASIC FEE	NUMBER FILE	D NUI	MBER EXTRA	RATE	FEE	7	RATE	
(37 CFR 1,15(a)) TOTAL CLAMS					\$	1	TOATE.	FEE
(37 CFR 1.16(c)) INDEPENDENT CLAIMS	Arinus	20 = •		X S=		OR.	X 5=	13
37 CFR 1.16(b))	minus	3 = .	_	x s =		OR	x s =	
MULTIPLE DEPENDENT C	AIM PRESENT	(37 CFR 1,16(d))		+ 5 =		- CR		
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		OR	† § =	
CLAIM	IS AS AME NDE	D – PART II			L] 0,1	TOTAL	
	olumn 1)	(Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHE	R THAN
RE	CLAIMS MAINI NG AFTER	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI-]	RATE	ENTITY
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Z Independent •	Minus	3	=	X S=		OR	X \$=	
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(or or remain				+ \$ = TOTAL	-/-	OR	+ s=	
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FIRST PRESENTATION (OF MULTIPLE DEPEND	ENT CLAIM (37 CI	FR 1.16(d))	+s =		OR		
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	ımn 1)	(Column 2)	(Column 3)			Oit	ADD'L FEE	<u>. ` </u>
REM	AIMS AINING TER IDMENT	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total • (37 CFR 1.16(c))	Minus	PAID FOR	=	-	FEE			FEE
Independent (37 CFR 1.16(b))	Minus	•••	=	X S=		OR	x \$=	
AFTER AMENDMENT PREVIOUSLY PAID FOR Total (37 CFR 1.16(d)) Independent (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				X \$=	BOUT BARBERS	OR	X \$=	DENIATEJN UH
		12,01		TOTAL =		OR	+ \$=	
* If the entry in column 1 i					i	OR	ADD'L FEE	
" If the "Highest Number I f the "Highest Number P The "Highest Number P ollection of information is	Continued Paid For	IN THIS SPACE I	s less than 20, ei	nter "20".				

This collection of information is required by 37_CFR-1-16. The information is required to obtain or retain a beniefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing- and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS.

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